

Question 1.

Your firm is the first point of contact for helping those who have suffered illness or injury stay on the job and get back to work. Please discuss the approaches that are often the most effective. In your experience, when someone applies for disability benefits, it is too late to help the individual return to the workforce, and what can be done to ensure success?

GENEX Services is often involved at the start of disability claims for both occupational (worker's compensation claims) and non-occupational disabilities (short term disability and long term disability). STD, short term disability is a benefit offered by approximately 40% of the employers in the country [1]. This coverage typically covers shorter duration disability episodes starting with the first date of missed work. It is safe to conclude that a person filing for STD has opportunity for return to work. Most "disabilities" are episodic and not permanent and in most instances the worker will not be out of work for a long duration.

Many employers have return to work programs that facilitate return to work for impaired employees receiving STD benefits, in order to minimize the duration of disability and the impact on productivity. The key element to success in assisting the worker to return to work is early intervention through direct engagement with the worker. This is usually performed by the employer and an advocate (case manager or employer return to work specialists) who act as a liaison between the medical providers and the employer. Additionally, early intervention is key to keeping a disabled employee at work through employer's Stay at Work programs or transition employees back to work as soon as possible through employer's Return to Work programs.

The goal is to engage the employee and let them know they are expected to return to work as soon as able. This can be accomplished by actions from both the claim administrator, the employer and a case manager. GENEX Services is often brought into the process at the start of the claim or otherwise early in the disability event. The message from the claim administrator, employer or case management vendor is that the worker, though temporarily impaired and not able to work at the moment, should be thinking about returning to work. If needed, there can be an interactive discussion between the employer and the worker to develop accommodations concerning modification of the requirements of the job for a transitional period.

Examples of accommodations that derive from the interactive discussion include; changing work hours; temporarily being assigned other appropriate tasks not typically performed by the worker; assigning tasks to other members of a work team; and physical modification of the work station as suggested by an ergonomic specialist. In some instances a worker cannot return to a modified form of their own job but might be able to work at other jobs at the employer. This allows for transition back into the work force with the goal of eventually returning back to their old job.

Even if an employee is out of work for an extended period of time, employers in concert with their disability administrators will work to retain talented employees beyond the traditional short term disability duration (6 months). If the employer must hire new staff to meet their production needs, the

disability administrator may continue work with the employee to justify the worker is still disabled from their own job and attempt to locate employment at other employers. The focus is to educate the impaired worker that they will receive disability benefits as long as they meet the definition of disability. In many instances the disability event is an “episode” rather than a permanent condition.

Many employers and disability carriers provide financial support to encourage return to work including re-education in order for the worker to learn new work related skills and placement of the “disabled worker” at more suitable positions with other employers, if the impaired worker will not be able to return to their customary job. Early intervention is required to keep employees at work and return back to work more quickly. Odds are if the employee is out of work for 6 months, there is a 50/50 chance of return to full time employment. There are findings that 50% chance of return to work can occur at the end of just three months out of work. [2]

LTD or Long term disability, provided by employers usually begins at 6 months. This coverage is offered to approximately 30 % of the working population and [3] lasts up to age 65, as long *as the employee meets the definition of disability*. Often by the time an employee reaches eligibility for LTD payments, the worker has been out of work long enough that they may have filed for Social Security Disability Benefits (SSDB). Being out of the work world for longer than 6 months can be problematic and a barrier as the longer a worker is out of work, the opportunity for a successful return to work is decreased.

However, the recovery rates for LTD claims are better than Social Security Disability benefit recovery rates in terms of returning to work. We can account for this difference and distinction due to two factors. One, the disability carriers are diligent in their efforts to continually update the medical and clinical information concerning the worker’s claim for disability. This includes quarterly or even monthly requests for medical information from the treating medical entities. Medical documentation is reviewed by internal medical specialists (physicians and or nurses) for congruence with the diagnosis and how it impacts the ability to do other work. Second, at all times there is a focus on determining whether the clinical data confirms the restrictions and limitations caused by the medical condition preventing return to work. If it appears the worker cannot return to work at their previous occupation, the effort changes to assisting the claimant/worker to return to work at other positions. There is an underlying philosophy that assistance will be provided to encourage the individual worker back to work and disability is “mostly” a temporary condition.

Question 2.

During the hearing, some of our witnesses discussed the increase in benefit award rates for those with musculoskeletal condition and mental illness and how these diagnoses have contributed so some of the growth in the disability program. Do you find individuals with these impairments are more likely than those with other impairments to be unable to work? What approaches do you use to ensure they are able to continue working?

By far the largest diagnosis category that GENEX works with is musculoskeletal. These medical conditions generally compose the largest number of claims for work related as well as non-work related disabilities. They also represent the greatest opportunity for successful return to work as indicated by the number of claims as well as successes.

We handle a large number of psychiatric claims as the primary diagnosis as well as it being a co-morbid condition. Our experience has shown that many of the psychiatric conditions are temporary rather than a permanently impairing condition. However, the window of opportunity for return to work with psychiatric claims is of a shorter duration than with most any other class of impairments. Generally, we see fewer cases referred for placement and case management with psychiatric diagnosis as the primary condition than we do for musculoskeletal cases.

Over the past few decades there has been an increased proliferation of mental illness diagnoses documented in the Diagnostic and Statistical Manual of the American Psychiatric Association. Both psychiatric and musculoskeletal conditions can be difficult to evaluate as their manifestations are often subjective in terms of evidence.

It is estimated that nearly one in five adults experience a psychiatric diagnosis in a given year [4] and there are even higher numbers of musculoskeletal disabilities. Most physicians are not trained to evaluate for disability, nor are they trained to encourage return to work. Nowhere is this more evident than physicians working with the psychiatric population where iatrogenic disability frequently occurs [5].

For disability purposes, disability insurance contracts require proper care and treatment. Physicians in the psychiatric realm often provide substandard treatment, with little focus on return to work or review of how certain treatments and medications may cause psychiatric symptoms [6]. Due to the nature of severe mental illness, rapport and trust can be difficult to establish, thus impeding the ability for return to work. Successful return to work with this class of diagnoses is contingent upon the nature and degree of the diagnosis. More volatile and psychotic diagnoses are less likely for success, while adjustment and anxiety disorders have greater opportunity for success.

We view disability as episodic. That is, at a particular moment in time an individual may be unable to do their own job or other work but their inability to work at the moment does not necessarily result in a permanent inability to work. Instead, claims and case management staff work together to continually understand the nature of the impairment and how it limits a person's ability to work. Case Managers monitor the treatment and in some instances direct care or facilitate more aggressive care. Once it appears the worker is able to return to work in some capacity, case managers will be involved in coordinating return to work at the original employer or at other employers who have suitable positions.

With either diagnosis group, early intervention is critical to prevent petrification of the expectation that the worker will not return to work. The earlier the intervention of attempts to return the worker back to work, the better outcomes will be obtained.

Some of case management tasks and tools utilized to shepherd the individual worker back to work for musculoskeletal and psychiatric claims include:

Home Visit-Soon after the start of the disability claim, a nurse case manager will visit the claimant in order to learn more about the individual worker's status. Observations of the worker are made in their home setting. Information is gathered concerning the appearance of the worker, assessments of their movements, presentation, activities of daily living, and mental status. The Case Manager will discuss the documented restrictions and limitations and the worker's impression of them. They further learn and document the workers reported desire to return to work. Review of the home psychosocial dynamics including elder care, child care and household chores distribution is important to observe. A review of medications, current treatments and other plans for medical interventions is addressed. A thorough home visit is a key component to a well-developed case management plan, identifying barriers to return to work and developing rapport with the worker.

Meeting with the Attending Physician (AP) and other Medical Providers- A nurse case manager may meet with the treating medical providers in order to obtain more detailed information concerning the medical condition and discuss restrictions and limitations. Expectations for recovery and a timeframe for return to work is discussed with appropriate education to the physician as to the job duties required of the worker, and what options are available for modified duty. The goal is to reach agreement on the amount of work that could be performed and a start date for the return to work with time frames and treatment interventions if necessary.

Vocational Assessment- A vocational rehabilitation counselor (VRC) meets with individual worker, usually at their home. Information is gathered concerning their medical status, treatment plan, discussion of the workers restrictions and limitations and efforts to return to work. The focus of the assessment is to identify the transferrable skills the worker possesses, in order to evaluate if the worker will need to find work outside of his previous employer.

Transferrable Skills Analysis (TSA) report and local **Labor Market Survey**. A VRC completes an analysis of a workers education and work history and identifies skills that are transferrable to occupations the worker can perform given their medically supported restrictions and limitations. The labor market survey report is research of employers in the local labor market that possess the occupations that the impaired worker can performed with their given skills and despite the existing medical conditions.

Placement Assistance-Once targeted occupations in a TSA have been identified, the VRC works with the impaired worker to identify local employment opportunities, provide assistance in teaching the worker how to complete applications; Coaching the worker as to how to answer questions in interviews including videotaped preparation; Using the Internet to identify employment opportunities

Identify Educational Resources-When required the VRC can identify short term programs that update the skill set of worker or enhance the workers resume with technical programs. Where financial thresholds are met, the VRC may identify programs that provide financial aid for these educational training programs.

Post Placement Support-Once an impaired worker has returned to work, the case manager will follow the individual for period of time to ensure they are adjusting to their work situation without incident. Should roadblocks for successful return to work develop, the case manager is available to facilitate resolutions through discussions with the employer and/or the medical provider.

Ergonomic Assessments and Interactive Discussion-A specialist in the assessment of worksites and its interaction with the human worker can be utilized to assess if the worksite can be modified to prevent injuries to the worker as well as facilitating return to work. A vocational specialist is often utilized to document work requirements and discuss with the employers modifications to the job and its' duties in order to provide accommodations and assistance to a returning worker.

Case management tools are deployed as needed to meet the unique needs of the specific employee which is usually related to their occupation and limitations created by their impairment. Success is contingent upon the motivation of the worker and the willingness of the employer to accommodate job requirements. When case management tools are utilized early, preferably less than 90 days from the start of the disability, the chances for successful return to work is greatly improved.

References-

1. AHIP- An Employer's Guide to Disability Income Insurance, 2007
2. Preventing Needless Work Disability by Helping People Stay Employed-American College of Occupational and Environmental Medicine, 2006
3. AHIP- An Employer's Guide to Disability Income Insurance, 2007
4. National Institute of Mental Health, 2003
5. Deception and Detection in Psychiatric Diagnosis Psychiatric Clinics of North America, Volume 21 No 4 December 1998
6. Assessing and Treating Psychiatric Occupational Disability: New Behavioral Health and Functional Assessment Tools Facilitate Return to Work Partnership for Workplace Mental Health